

**City Of Burlington - Department Of Recreation & Parks
Alamance County - Recreation and Parks Department**

Senior Hiking Program

Waiver, Release & Liability, Permission & Authorization Form

I, _____ a participant in a program / activity sponsored or co-sponsored by the City of Burlington – Department of Recreation & Parks and Alamance County Recreation and Parks Department agree to the following understanding binding upon myself and / or my parents or guardians if I am under the age of twenty-one (21).

I waive any and all claims and responsibilities against the City of Burlington – Department of Recreation & Parks and Alamance County Recreation and Parks – its employees, its agents and / or contractors and its volunteers from death, injury or accident towards another individual, loss of, theft of, or damage to personal belongings.

I release the City of Burlington – Department of Recreation & Parks and Alamance County Recreation and Parks Department – its employees, its agents, and / or contractors and its volunteers from any and all liability for damages and / or myself and their property. I accept full responsibility for any kind of damages or injuries of any kind.

I give my permission to the City of Burlington – Department of Recreation & Parks and Alamance County Recreation and Parks Department – its employees, its agents, and / or contractors and its volunteers the full authority to take whatever action they feel is warranted under the circumstances in regard to my health and safety. I also grant them at their discretion, to place me at my own or my parents or guardians expense in a hospital at any point for medical services and treatment, or if no hospital is available, to place me in the hands of a local doctor for treatment. I also give by permission to permit emergency transportation, if needed.

I have read and fully understand this form and I voluntarily agree to the terms of this agreement.

Name of Participant (Print): _____

Signature of Participant: _____ Date: _____

Phone: _____

Email: _____

Emergency Contact: _____

Phone: _____